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Dear Harold:

I believe that I have a simple solution to your nomenclature problem.

As virology developed from pathology, viruses were originally named after the diseases they caused: poliomyelitis, measles, mumps, rabies, etc. Then about 30 years ago this became unsatisfactory when it was recognized that different viruses may cause the same clinical syndrome; for example, polio, mumps, coxsackie, echo, herpes, St. Louis encephalitis, and other viruses may cause aseptic meningitis. Many viruses may induce inapparent infections. The same virus, enterovirus 71, may cause outbreaks of encephalitis, polio-like paralysis, or hand-foot-and-mouth disease.

As a result, it was decided to name and classify viruses based on their biophysical and biochemical properties. Thus the retrovirus family was established, with properties best known to you.

To come to the present situation, I suggest that the human retroviruses be named sequentially in the order in which they become identified. Thus, HTLV-III/LAV would become human retrovirus 3 or HRV3. The virus may cause AIDS, or lymphadenopathy, or fever, or loss of appetite, or may simply infect without causing symptoms.

If you glance through the enclosed, you will see how easily we work with the enterovirus numbering scheme. No one has any problem with writing enterovirus 70 as a cause of acute hemorrhagic conjunctivitis, or coxsackie-virus B4 as the cause of meningitis. If there is any question about virologists using numbers, recall SV40 (the 40th virus isolated from simians).

An added advantage of a numbering system is that the number is fixed to a particular virus. The numbered agents may then be entered into different subgroups, but their names (numbers) never change. This has worked well with the adenovirus subgroups.

When we saw an object of familiar morphology in the macrophages of an AIDS patient, we recognized it as a retrovirus, but could only speculate on its role in disease (see enclosed note from Lancet).

If your Committee agrees on a numerical system, it will be instantaneously adopted. An added benefit is that patients will not be stigmatized and frightened by having an AIDS virus infection.

Good luck.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Joe' with a stylized flourish at the end.

Joseph L. Melnick